

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Tsuneo Watabe

Application No.: 10/073,770

Group No.: 3728

Filed: February 11, 2002

Examiner: Troy G. Arnold, III

For: BAG

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.


EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant respectfully requests a two (2) month extension of time, until September 6, 2004 (Labor Day), in which to respond. It is respectfully requested that the fee of \$420.00 for the two month extension be charged to Deposit Account No. 50-0231.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1540, Alexandria, Virginia 22313-1450.

Date: 7 September 2004



Signature

Judith A. White

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	21	Minus	20	= 1	x \$18 =	\$18.00
Indep.	4	Minus	3	= 1	x \$86 =	\$86.00
First Presentation of Multiple Dependent Claim					+\$290=	\$0
					Total Addit. Fee	<u>\$104.00</u>

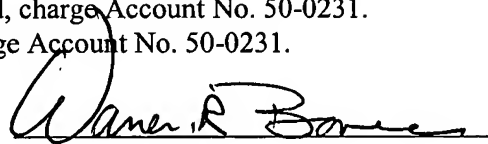
- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-0231.
 If any additional fee for claims is required, charge Account No. 50-0231.

Date: 7 September 2004



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